10/02 UST C018		KDHE Re	ference No.: C	Owner I.D	Facility I.D			
Vapor Monit	F	FOR KDHE USE ONLY:						
Monitor 90-D	Monthly Mo	nitoring	yes	no				
Submit to: Ka	Site map		yes					
•	Inventory C		yes					
Sto			yes yes_					
		ackson, Suite 66612-1367	410					
Please make copi	Signed							
I. Facility Informa					L			
					-			
C. Contact	Phone: (Phone: ()						
II. Owner Informat A. Owner I								
B. Owner	Address:				· · · · · · · · · · · · · · · · · · ·			
C. Contact	Person:				Phone: ()		
III. Substance Stor				ene ″ gasolir		hol) " used	d oil " (other
IV. Tank/Line Mon A Model/Ma	itoring Ir anufactur	nformation. Fer of Vapor Mo	onitor <u>:</u>					
B. Model/N	lanufactu	rer of Automat	c Line Monitor:	·				
C. Automat	ic Line M			(3.0 gph daily) [(_(0.2 gph month _(0.1 gph annua		ase rate test	ed]	
V. Inventory Cont operation.	rol. Pleas	se send copies	of your Invent	ory Control Reco	ords for 30 days to	KDHE after	the first mon	ith of
VI. KDHE tank/line	e nos.	T	T		1			
	Day	MW no	MW no	MW no	MW no	MW no	Line Te	
Month: Yr:							Pass	Fail
Month: Yr:							Pass	Fail
Month: Yr:							Pass	Fail
(1) Send copi	•	•		•	o KDHE after the		of operatior	۱.
Note: please compl						•	and, if neede	ed,

Section VIII on next page.

10/02 /II. Sk	UST C019 etch Map of Fa	KDHE Reference No.: Owner I.D Facility I.D acility. Show locations of monitoring wells relative to product lines and underground storage tanks.	
1/4			
North			

VIII. Please contact KDHE within 24 hours if your tank system has failed. Please direct questions regarding tank tests to KDHE, Storage Tank Section, 785-296-8061.